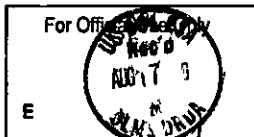


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>8984</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Kenneth</u> <u>Rigmaiden</u> P O Box, Bldg, Room No, if any Street <u>1750 New York Avenue, N.W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5301</u>	4 Name, file number, and address of labor organization Name <u>International Union of Painters & Allied Trade</u> Labor Organization File Number <u>000-035</u> P O Box, Building and Room Number, if any Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5301</u>
5 Position in labor organization <u>Executive General Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>Kenneth Rigmaiden</u>	On <u>15 August 2005</u> <u>202 637-0700</u> Date Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Kelly Press, Inc

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1701 Cabin Branch Drive

City Cheverly

State Maryland

ZIP Code + 4 20785

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Business provides printing services and materials to labor organization In 2004, provided convention services

11 b Approximate dollar value of such dealing

\$1,570,879

12 a Nature of interest held or income received

1/14/04, lunch, \$128 30

4/28/04, lunch, \$33 81

11/25/04, gift (turkey), \$33.50

12/25/04, gift (turkey), \$33 50

12 b Amount

\$229

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Novak/Francellia

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 501

Street Two Bala Plaza

City Bala Cynwyd

State Pennsylvania

ZIP Code + 4 19004

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Business provides accounting services to labor organization

11 b Approximate dollar value of such dealing

\$95,777

12 a Nature of interest held or income received

8/4/04, meal, \$36 44

12 b Amount

\$36

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐or Consultant ☐

?

14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Dickstein Shapiro Morin & Oshinsky LLP

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2101 L Street, N W

City Washington

State District of Columbia ZIP Code + 4 20037

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Business provides legal services to labor organization

11 b Approximate dollar value of such dealing

\$247,276

12 a Nature of interest held or income received

Christmas Gift - Bottle of Wine, \$90

12 b Amount

\$90

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing Kenneth Rigmaiden

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Harbaugh Hotel Management Company

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1600 North Indian Canyon Drive

City Palm Springs

State California ZIP Code + 4 92262

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

11 a Nature of such dealing

Business provides hotel services to affiliated pension fund

11 b Approximate dollar value of such dealing

\$4,432

12 a Nature of interest held or income received

5/10/04, hospitality comp refreshments, \$56

Filer is a trustee

12 b Amount

\$56

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing Kenneth Rigmaiden

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N.W

City Washington

State District of Columbia ZIP Code + 4 20006

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Affiliated Pension Fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund

11 b Approximate dollar value of such dealing

\$839,191

12 a Nature of interest held or income received

1/21/04, meal, \$48.67
2/4/04, meal, \$88.57
3/28/04, meal, \$95.84
5/12/04, meal, \$72.51
8/15/04, meal, \$107.64
8/20/04, meal, \$98.88
9/11/04, meal, \$107.21

12 b Amount

\$619

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**

Name of Person Filing Kenneth Rigmaiden	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>IUPAT Industry Pension Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Affiliated Pension Fund - dealing consists of shared costs</u> <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund.</u> <hr/> 11 b Approximate dollar value of such dealing <u>\$839,191</u>
	12 a Nature of interest held or income received <u>9/14/04, meal, \$65.26</u> <u>10/13/04, meal, \$56.70</u> <u>11/3/04, meal, \$213.75</u> <u>12/10/04, meal, \$74.45</u> <hr/> 12 b Amount <u>\$410</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing <u>Kenneth Rigmaiden</u>	File Number <u>U-</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>IUPAT Industry Pension Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Affiliated Pension Fund - dealing consists of shared costs.</u> <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</u>
	11 b Approximate dollar value of such dealing <u>\$839,191</u>
	12 a Nature of interest held or income received <u>Paid directly to hotel(s) for meals</u> <u>1/25/04, meal, \$28 47</u> <u>1/27/04, meal, \$167 17</u> <u>9/13/04, meal, \$71 34</u>
	12 b Amount <u>\$267</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing Kenneth Rigmaiden	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>IUPAT Industry Pension Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Affiliated Pension Fund - dealing consists of shared costs.</u> <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</u> 11 b Approximate dollar value of such dealing <u>\$839,191</u>
	12 a Nature of interest held or income received <u>Paid directly to hotel(s) for lodging</u> <u>1/25-1/30, 6 nights, \$2830.50</u> <u>5/10-5/14, 5 nights, \$802 70</u> <u>9/12-9/14, 3 nights, \$511 50</u> 12 b Amount <u>\$4,145</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IUPAT Joint Apprenticeship Training Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W.

City Washington

State District of Columbia ZIP Code + 4 20006

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Affiliated apprenticeship fund - dealing consists of shared costs

11 b Approximate dollar value of such dealing

\$271,319

12 a Nature of interest held or income received

2/5/04, meal, \$35 20
2/5/04, meal, \$238 40
2/6/04, meal, \$32 42
2/6/04, meal, \$31 58
2/7/04, meal, \$28 73
2/7/04, meal, \$41 20
2/7/04, meal, \$58 54

12 b Amount

\$466

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

Name of Person Filing Kenneth Rigmaiden

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IUPAT Joint Apprenticeship Training Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N.W

City Washington

State District of Columbia ZIP Code + 4 20006

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Affiliated apprenticeship fund - dealing consists of shared costs

11 b Approximate dollar value of such dealing

\$271,319

12 a Nature of interest held or income received

2/4-2/7, lodging, \$1707 57
4/26/04, meal, \$36 36
10/6/04, meal, \$34 15
10/21/04, meal, \$67 33
7/23/04, hotel, \$603 23
7/23/04, meal, \$195

12 b Amount

\$2,644

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing Kenneth Rigmaiden	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bldg , Room No , if any Street 1750 New York Avenue, N W. City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing Affiliated labor management fund - dealing consists of shared costs. Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund 11 b Approximate dollar value of such dealing \$226,441 12 a Nature of interest held or income received 2/1-4/04, hotel, \$1693 99 2/1/04, meal, \$171 68 2/2/04, meal, \$41 22 2/3/04, meal, \$35 01 5/13/04, meal, \$119.75 5/13/04, meal, \$127 73 6/23/04, meal, \$87 53 12 b Amount \$2,277

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing Kenneth Rigmaiden	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>IUPAT Labor Management Cooperation Initiati</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>1750 New York Avenue, N W</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Affiliated labor management fund - dealing consists of shared costs</u> <u>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</u> 11 b Approximate dollar value of such dealing <u>\$226,441</u> 12 a Nature of interest held or income received <u>9/10/04, meal, \$127.73</u> <u>9/10-11/04, meal, \$524 90</u> <u>12/17/04, meal, \$61 95</u> 12 b Amount <u>\$715</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <u> </u>

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

Kenneth F. Rigman
15 August 2005